

## **Glossary of Public Health Terms**

**Accreditation**—The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.

**Assessment**—One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.

**Assurance**—One of the three core functions in public health. Making sure that all populations have access to appropriate and cost effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organizations, by requiring action through regulation, or by direct provision of services.

**Bioterrorism**—The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population.

**Capacity**—The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.

**Chronic disease**—A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a nonreversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.

**Clinical services/medical services/personal medical services**—Care administered to an individual to treat an illness or injury.

**Determinants of health**—The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.

**Disease**—A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.

**Disease management**—To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.

**Endemic**—Prevalent in or peculiar to a particular locality or people.

**Entomologist**—An expert on insects.

**Epidemic**—A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.

**Epidemiology**—The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.

**Foodborne illness**—Illness caused by the transfer of disease organisms or toxins from food to humans.

**Health**—The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality.

**Health disparities**—Differences in morbidity and mortality due to various causes experience by specific sub-populations.

**Health education**—Any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups or communities) conducive to health.

**Health promotion**—Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health.

**Health status indicators**—Measurements of the state of health of a specific individual, group or population.

**Incidence**—The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence.

**Infant mortality rate**—The number of live-born infants who die before their first birthday per 1,000 live births.

**Infectious**—Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable”.

**Intervention**—A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.

**Infrastructure**—The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.

**Isolation**—The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.

**Morbidity**—A measure of disease incidence or prevalence in a given population, location or other grouping of interest.

**Mortality**—A measure of deaths in a given population, location or other grouping of interest.

**Non-infectious**—Not spread by infectious agents. Often used synonymously with “non-communicable”.

**Outcomes**—Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.

**Outcome standards**—Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.

**Pathogen**—Any agent that causes disease, especially a microorganism such as bacterium or fungus.

**Police power**—A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population.

**Population-based**—Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.

**Prevalence**—The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.

**Prevention**—Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).

**Primary medical care**—Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.

**Protection**—Elimination or reduction of exposure to injuries and occupational or environmental hazards.

**Protective factor**—An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.

**Public health**—Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, preempt and counter threats to the public's health.

**Public health department/district**—Local (county, combined city-county or multi-county) health agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.

**Public health practice**—Organizational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.

**Quality assurance**—Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.

**Quarantine**—The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.

**Rate**—A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.

**Risk assessment**—Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.

**Risk factor**—Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.

**Screening**—The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.

**Social marketing**—A process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.

**Social norm**—Expectations about behavior, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.

**Standards**—Accepted measure of comparison that have quantitative or qualitative value.

**State health agency**—The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.

**Surveillance**—Systematic monitoring of the health status of a population.

**Threshold standards**—Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.

**Years of potential life lost**—A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.

(Sources: National Conference of State Legislatures, Public Health Accreditation Board)